## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

RD-281 Kp

CLAIMS AS FILED - PART I									CMALL ENTITY					
TOTAL CLAIMS			(Column 1)		(Colu	(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
			5	56				RATE	FEE	٦	RATE	FEE		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 355.00	OR	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			56 m	50 minus 20=		* 36		X\$ 9=		1		<del>                                     </del>		
INDEPENDENT CLAIMS			5 minus 3 =		. 2				-		X\$18=	648		
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT					X40=	ļ	OR	X80=	160		
<b>-</b>	If the difference	o in column 4 is	. 1					+135=		OR	+270=	_		
		e in column 1 is						TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II										_	OTHER	THAN		
Г		(Column 1) CLAIMS		(Colum				SMALL	MALL ENTITY		SMALL ENTITY			
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
	Total	.56	Minus	56	>	= <b>-</b> \text{\tin}}\text{\ti}\}\eta}\text{\tett{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\tittt{\text{\text{\text{\texi}\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi\tilit}\\ \text{\text{\texi}\tittt{\ti}\tittt{\text{\texi}\text{\text{\text{\text{\texi}		X\$`9≅=			X\$18=	FEE		
	Independent	. 5	Minus	*** 5		= (	ŀ		City		and investment of the last			
Ľ	FIRST PRESENTATION OF MU		LTIPLE DEPENDENT		CLAIM	И		X40=	<u> </u>	OR	X80=	1000		
								+135=		OR	+270=			
							A	TOTAL PDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1) CLAIMS		(Colum		(Column 3)				• .				
AMENDMENT B		REMAINING AFTER		HIGHE NUMB PREVIO	ER	PRESENT EXTRA		RATE	ADDI- TIONAL	] [	RATE	ADDI-		
	Total	AMENDMENT		PAID F	OR		┨┠		FEE		MAIL	TIONAL FEE		
	Independent		Minus	**		=	ı	X\$ 9=		OR	X\$18=			
₹		NTATION OF MU	Minus	***	21 4124	=		X40=		OR	X80=			
			JETH EE DEI	CINDEINI	JLAIM		┢	.125						
							L	+135=		OR	+270=			
		(O-1 4)					ΑC	DDIT. FEE		OR A	TOTAL DDIT. FEE			
		(Column 1) CLAIMS	1 1 7 7 7 7	(Columi		(Column 3)			_		•			
MEN		REMAINING AFTER		NUMBE PREVIOU	ER	PRESENT		RATE	ADDI-		RATE	ADDI-		
	Total	AMENDMENT	i jed	PAID FO	DR DR	EXTRA		HAIE	TIONAL FEE			TIONAL FEE		
	Independent		Minus	**		=		X\$ 9=		OR	X\$18=			
			Minus	***		=		X40=		r	X80=			
TOTAL STATE OF MOLTIFLE DEPENDENT CLAIM										OR	X00=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
" " TIQUESUNUMBER PREVIOUSLY PAID FOR IN THIS COACE := 1 - 4 IUIAI										OR A	TOTAL ODIT. FEE			
T	he "Highest Numb	per Previously Paid	For" (Total or	Independent	t) is the h	ighest number t	found	in the app	ropriate box	in colur	nn 1.			
												1		